

## JDOCS: KEY CLINICAL TASKS

### JDocs overview

[JDocs](#) is a Framework that describes the many tasks, skills and behaviours that should be achieved by doctors at defined early post-graduate year levels, and will assist in their development towards a surgical or other proceduralist career. It provides guidance and support in becoming a safe, competent, professional doctor at work and a collaborative member of the healthcare team. To relate the Framework to the workplace, key clinical tasks have been developed that represent professional activities undertaken in the clinical workplace, e.g. leading a ward round and discharging a patient.

### What are Key Clinical Tasks?

Key clinical tasks (KCTs) represent the daily professional activities undertaken by the junior doctor, where the level of performance can be observed and feedback provided. These are multi-competency constructs around real clinical work and are supported by the competencies of the JDocs Framework that describe the skills, knowledge and attitudes expected of the junior doctor. KCTs are based on Entrustable Professional Activities (EPAs; Olle ten Cate<sup>1</sup>), where judgements are made against differing levels of supervision to establish a deeper understanding of the acceptable level of clinical competence required for a particular stage of learning (postgraduate year (PGY) 1–3+).

KCTs use the following levels of supervision to inform feedback and help the doctor gauge his/her progress as they develop their skills and knowledge to demonstrate their readiness for the registrar role.

1. Needs more supervision for development	<input type="checkbox"/>
2. Can perform with supervision	<input type="checkbox"/>
3. Can perform with minimal supervision (observation)	<input type="checkbox"/>
4. Can perform with supervision at a distance (supervisor not present)	<input type="checkbox"/>

Proficiency in each task at supervision level 4 (*Can perform with supervision at a distance – supervisor not present*) should be achievable by the end of PGY3. Assessment of a KCT can be captured in a number of ways, e.g. signed KCT, as part of an end-of-term assessment, and/or built into references and referee reports. Evidence of progress and performance in these tasks can be uploaded to the JDocs ePortfolio.

### Key Clinical Tasks for Supervisors

Supervisors can observe junior doctors performing a KCT on a number of occasions and judge their performance using the levels of supervision. The competencies of the JDocs Framework that describe the task are progressive (PGY1–3+) and can be useful when providing feedback to the prevocational doctor; they can also be used to encourage ongoing development of the relevant knowledge, skills and attitudes necessary to proficiently perform a task unsupervised (with supervision at a distance).

Successful completion of a task at supervision level 4 demonstrates the junior doctor has performed the task safely and reliably without direct supervision. The supervisor will have also checked with the doctor and the senior nurse (or other) afterwards that all had gone well. To ensure authenticity using the mobile version of a task, the supervisor will receive email notification where he/she has judged the doctor's performance at supervision level 4.

### Key Clinical Tasks for Prevocational doctors

The doctor is encouraged to seek supervisor support to be observed on a number of occasions, to gauge their current level of proficiency in performing a task. In addition to any verbal feedback, a supervisor may use the

<sup>1</sup> Olle ten Cate. Nuts and Bolts of Entrustable Professional Activities: J Grad Med Educ. 2013 Mar; 5(1): 157–158. doi: 10.4300/JGME-D-12-00380.1

competencies of the Framework to help guide further development of relevant skills, knowledge and attitudes to proficiently perform a task unsupervised (with supervision at a distance). Successful completion of a task at supervision level 4 demonstrates the doctor can perform the task safely and reliably without direct supervision. To ensure authenticity using the mobile version of a task, the Supervisor will receive email notification where he/she has judged the doctor’s performance at supervision level 4.

Following supervisor observation using the mobile version of the KCT, the doctor’s progress will be automatically recorded in the JDocs ePortfolio, where the doctor can access feedback to help prompt reflection and guide further personal learning and development.

## How to access Key Clinical Tasks

There are two ways to access KCTs.

1. Download as a PDF document from [JDocs website \(http://jdocs.surgeons.org\)](http://jdocs.surgeons.org)

Key clinical tasks		
<ul style="list-style-type: none"> <li>• Admit/consult the new patient</li> <li>• Lead a ward round</li> <li>• Manage peri-operative care</li> <li>• Manage the sick patient</li> <li>• Coordinate and lead open disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver bad news</li> <li>• Manage CPR &amp; trauma calls</li> <li>• Communication (Handover/ISBAR)</li> <li>• Participate in M &amp; M meetings</li> <li>• Manage/chair interprofessional ward/unit meeting</li> <li>• Discharge a patient</li> </ul>	<ul style="list-style-type: none"> <li>• Display professional behaviours in the workplace</li> <li>• Supervision of junior doctors</li> <li>• Plan an operating list</li> <li>• Plan/participate in the Op Room journey</li> <li>• Perform basic procedures/operations (MALT)</li> </ul>

2. Access the mobile KCT form from the JDocs ePortfolio (available only via JDocs [subscription](#))

Doctors can prepare the KCT form on a mobile device in readiness for observation, then hand the mobile device to the supervisor. The supervisor is then able to review the task, enter free text comments and/or use the competencies of the Framework and levels of supervision to inform feedback. Feedback is then recorded directly in the individual’s JDocs Portfolio as a PDF document. There is no supervisory workflow for the JDocs ePortfolio and feedback is for the prevocational doctor’s information only.

### For further information, please contact:

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<http://jdocs.surgeons.org>

### Key Clinical Task

Lead a Ward Round				
<b>First name</b>		<b>Last name</b>		
<b>Date</b>		<b>Hospital</b>		
<b>Term</b>		<b>Supervisor</b>		
<b>Description of task</b>	The ward round is the key vehicle for coordinating care for every hospital inpatient; the information shared is crucial to the ongoing care plan. A junior doctor can contribute to this task from their first day and work towards the 'lead role' whilst progressing through the performance levels.			
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Is punctual, knows patients, aware of current issues and manages ward round allowing for patient workload</li> <li>• Demonstrates systematic approach to assessing patients</li> <li>• Develops good rapport with patients and relatives</li> <li>• Works well &amp; communicates effectively with team members to provide clear instructions</li> <li>• Lead consultants, junior doctors, students</li> <li>• Discusses management plan effectively with consultant ; able to share this with patient</li> <li>• Teaches when appropriate (could be after the ward round)</li> <li>• Delegates tasks, reviews notes</li> <li>• Supervises juniors including review of patients later in the day</li> </ul>			
<b>Competencies of JDocs Framework</b>	Communication	<input checked="" type="checkbox"/>	Medical Expertise	<input checked="" type="checkbox"/>
	Collaboration & Teamwork	<input checked="" type="checkbox"/>	Professionalism & Ethics	<input checked="" type="checkbox"/>
	Health Advocacy	<input checked="" type="checkbox"/>	Scholarship & Teaching	<input checked="" type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise	<input type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
<b>Assessment guide</b>	Best assessed by seniors during the term, noted as part of end-of-term assessment			
<b>Performance</b>	1. Needs more supervision for development			<input type="checkbox"/>
	2. Can perform with supervision			<input type="checkbox"/>
	3. Can perform with minimal supervision (observation)			<input type="checkbox"/>
	4. Can perform with supervision at a distance (supervisor not present)			<input type="checkbox"/>
	JDocs competencies can be useful to frame feedback			
<b>Additional comments</b>				
<b>Signed by Supervisor</b>				

<b>A guide for feedback</b>	
<b>Lead a Ward Round – expected knowledge, skills and attitudes</b>	
<b>Guidance for Supervisors</b>	
Supervisors can observe junior doctors performing this key clinical task, on a number of occasions, and assess their performance using the standards of the JDocs Framework, which may be of assistance in providing feedback. This feedback can be useful to guide ongoing development of the relevant knowledge, skills and attitudes required to proficiently <b>lead a ward round</b> and perform this task unsupervised (with supervision at a distance). <b>Identify areas for further development (✓).</b>	
<b>Guidance for Prevocational Doctors</b>	
The junior doctor is encouraged to seek supervisor support to obtain regular feedback on their proficiency in performing this task. The competencies of the Framework, listed below, describe the levels applicable across the early prevocational years (PGY1–3) and can help the doctor further develop the relevant skills, knowledge and attitudes necessary to proficiently <b>lead a ward round</b> and demonstrate they can perform this task unsupervised (with supervision at a distance).	
<b>Collaboration &amp; Teamwork</b>	✓
1. Recognise and respect roles and responsibilities of other professionals within the team	<input type="checkbox"/>
2. Well prepared for ward rounds and patient management	<input type="checkbox"/>
3. Maintain accurate records and follow-up investigation results	<input type="checkbox"/>
4. Recognise expertise and roles of other health team members and staff	<input type="checkbox"/>
5. Support new unit (team) members	<input type="checkbox"/>
6. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
7. Effectively prioritise patients with multiple medical conditions of varying severity	<input type="checkbox"/>
8. Engage junior doctors, nursing and ancillary staff in ward rounds	<input type="checkbox"/>
<b>Communication</b>	
1. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition	<input type="checkbox"/>
2. Gather a variety of information to ensure continuity of patient care	<input type="checkbox"/>
3. Can explain the common conditions and undertake informed consent	<input type="checkbox"/>
4. Explain clinical reasoning using concise language and a structured approach	<input type="checkbox"/>
5. Keep patients and significant others informed of management plan progress	<input type="checkbox"/>
6. Communicate effectively and respectfully within multidisciplinary teams	<input type="checkbox"/>
7. Use effective strategies to deal with difficult or vulnerable patients	<input type="checkbox"/>
8. Use appropriate tone for communication with patients, and their families, peers and colleagues	<input type="checkbox"/>
9. Use graded assertiveness where appropriate	<input type="checkbox"/>
<b>Health Advocacy</b>	
1. Advocate for healthy lifestyle, and explain any risks to health	<input type="checkbox"/>
2. Considerate of impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<input type="checkbox"/>
3. Show respect for patient treatment choices	<input type="checkbox"/>
4. Recognise own cultural values/biases that may impact with others	<input type="checkbox"/>
5. Acknowledge impact of cultural differences in acceptance of treatment for common conditions	<input type="checkbox"/>
6. Identify any gaps between management plan and patient wishes	<input type="checkbox"/>
7. Work with the patient and family/carers to develop a management plan that meets their needs	<input type="checkbox"/>
<b>Judgement &amp; Clinical Decision Making</b>	
1. Can explain indications, contraindications and risks within decision making	<input type="checkbox"/>
2. Use available evidence effectively and efficiently to inform clinical decision making	<input type="checkbox"/>
3. Identify and justify patient management options for common problems and conditions	<input type="checkbox"/>
4. Review patients on a regular basis and make decisions based on their response to treatment	<input type="checkbox"/>
5. Retrieve and use high-quality information for clinical decision making	<input type="checkbox"/>
6. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
7. Use investigation findings to refine diagnoses for common conditions	<input type="checkbox"/>

<b>A guide for feedback</b>	
<b>Lead a Ward Round – expected knowledge, skills and attitudes</b>	
8. Recognise when a management plan is failing and, where appropriate, seek senior input	<input type="checkbox"/>
<b>Management &amp; Leadership</b>	
1. Respond positively to direction	<input type="checkbox"/>
2. Take responsibility for any task delegated	<input type="checkbox"/>
3. Identify and follow patient care protocols, e.g. hand hygiene/handover	<input type="checkbox"/>
4. Demonstrate appropriate self-awareness and insight	<input type="checkbox"/>
5. Delegate appropriate tasks to junior members, ensuring supervision is maintained	<input type="checkbox"/>
<b>Medical Expertise</b>	
1. Understand the key features of antibiotic prophylaxis and appropriate therapeutic use	<input type="checkbox"/>
2. Able to manage common conditions	<input type="checkbox"/>
3. Perform a comprehensive examination of all systems	<input type="checkbox"/>
4. Work within unit-based protocols with regard to pre-operative assessment and care, operative procedures and post-operative care: <ul style="list-style-type: none"> <li>• apply medical knowledge to clinical practice</li> <li>• implement and evaluate a management plan relevant to the patient following discussion with a senior clinician</li> <li>• identify when patient transfer is required, and manage risks prior to and during patient transfer</li> <li>• recognise indications for, and risks of, fluid and electrolyte therapy and blood products</li> <li>• provide appropriate aftercare and arrange follow up for common procedures</li> <li>• safely manage anti-coagulant therapy and manage diabetes</li> <li>• recognise acute cardiac events and use relevant resuscitation/drug protocols</li> <li>• initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan</li> <li>• maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use</li> <li>• recognise and manage fluid and electrolyte imbalances in a patient</li> <li>• effectively use semi-automatic and automatic defibrillators</li> <li>• provide appropriate aftercare and arrange follow up for more complex procedures</li> <li>• recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge</li> </ul>	<input type="checkbox"/>
5. Specify peri-operative management and recognise prescription and/or administration errors	<input type="checkbox"/>
6. Follow-up and interpret investigation results	<input type="checkbox"/>
7. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
8. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
9. Reflect on own and team performance in relation to patient progress and outcome	<input type="checkbox"/>
<b>Professionalism &amp; Ethics</b>	
1. Maintain and respect patient privacy and confidentiality	<input type="checkbox"/>
2. Comply with legal requirements in patient care	<input type="checkbox"/>
3. Mindful of potential impact of resource constraint on patient care	<input type="checkbox"/>
4. Act as a role model of professional behaviour in the workplace	<input type="checkbox"/>
<b>Scholarship &amp; Teaching</b>	
1. Use multi-disciplinary team meetings as teaching and educational opportunities	<input type="checkbox"/>
2. Adapt level of supervision to learner's competence and confidence	<input type="checkbox"/>